Excelsior College Examination

Content Guide for

Psychiatric/Mental Health Nursing

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Important information to help you prepare
for this Excelsior College Examination

General Description of the Examination

The Excelsior College Examination in Psychiatric/Mental Health Nursing measures knowledge and understanding of the theoretical/therapeutic foundations for psychiatric mental health nursing practice, and tests the application of this knowledge and understanding to the nursing care of clients, using the nursing process

■ Uses for the Examination

Excelsior College, the test developer, recommends granting eight (8) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education. Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score. Before taking the exam, you should check with the institution from which you wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit.

■ Examination Length and Scoring

The examination consists of approximately 160 four-option multiple-choice questions, some of which are unscored, pretest questions. You will have three (3) hours to complete the examination. Since you will not be able to tell which questions are being pretested, you should do your best on all of them. Scores are based on ability level as defined in the item response theory (IRT) method of exam development, rather than simply on your total number of correct answers. Your score will be reported as a letter grade.

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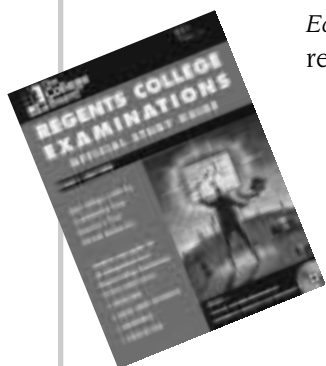
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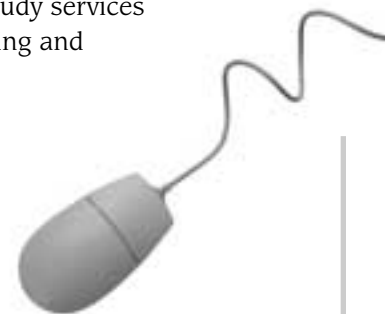
Content Outline

The major content areas on the examination and the percent of the examination devoted to each content area are listed below.

CONTENT AREA	PERCENT OF THE EXAMINATION
I. Theoretical/Therapeutic Foundations for Psychiatric/Mental Health Nursing Practice	25%
II. Nursing Assessment and Nursing Analysis	25%
III. Nursing Planning and Nursing Implementation	30%
IV. Nursing Evaluation	20%
Total	100%

■ Note Concerning Wording of Nursing Diagnoses

The North American Nursing Diagnosis Association (NANDA) continually revises and updates its listing of diagnostic categories, defining characteristics, and etiological factors. For example, between 1989 and 1994 the term "potential for" was revised first to "high risk for" and then to "risk for." Questions on this examination that include nursing diagnoses are not intended to test your knowledge of current wording or phrasing. The questions are intended to test your ability to recognize nursing diagnoses that result from nursing assessments. For the purpose of this examination, all diagnoses should be considered correctly worded, even if a newer version of the diagnosis is being used by NANDA.

The material included in Content Area I serves as a foundation for the material covered in areas II–IV. Examples are included in content areas II–IV; however, the content of the examination is not limited to these examples only.

I. Theoretical/Therapeutic Foundations for Psychiatric/Mental Health Nursing Practice (25%)

A. History of psychiatric/mental health nursing

1. Contributions of significant leaders
   a. Linda Richards
   b. Dorothea Dix
   c. Harriet Bailey
   d. Ida Orlando

2. Important historical events
   a. Concept of therapeutic community– as discussed by Maxwell Jones
   b. Introduction of psychotropic drugs
   c. Community mental health movement
   d. Introduction of CAT scan, PET scan, and MRI

B. Psychobiological theories, psychological theories, and nursing theories

1. Psychobiological–genetics, biogenic amines

2. Intrapersonal–as discussed by Sigmund Freud, Erik Erikson, Carl Rogers, and Dorothea Orem

3. Interpersonal–as discussed by Harry Stack Sullivan and Hildegard Peplau

4. Cognitive–as discussed by Aaron Beck and Jean Piaget

5. Systems, family, and communication– as discussed by Virginia Satir, Murray Bowen, Salvador Minuchin, and Jay Haley

6. Behavioral, stress, and crisis–as discussed by B.F. Skinner, Hans Selye, Gerald Caplan, and Donna Aguilera

7. Sociocultural and phenomenological– as discussed by Thomas Szasz, R.D. Laing, and Madeleine Leininger

C. Nurse-client relationship with the individual, the family, the small group, and the community

   1. Characteristics of the nurse in the nurse-client relationship (for example: empathy, warmth, genuineness, objectivity, self-awareness, acceptance)

   2. Phases in the relationship
      a. Preorientation or pregroup
      b. Orientation or initial
      c. Working
      d. Termination

   3. Tools used in the nurse-client relationship
      a. Communication skills
         1) Modes of communication, i.e., verbal, nonverbal, metacommunication
         2) Therapeutic techniques and barriers to therapeutic communication (for example: clarification, validation)
      b. Interviewing techniques
         1) Structure of the interview
         2) Mutual goal setting
         3) Roles of the participants

   4. Roles of the nurse in the nurse-client relationship
      a. Caregiver
      b. Health teacher
      c. Change agent
      d. Client advocate
      e. Role model

D. Treatment modalities

   1. Individual psychotherapy
   2. Group therapy (for example: types of groups, group process)
   3. Milieu therapy
   4. Family therapy

   5. Behavior therapy
   6. Somatic therapies (for example: psychotropic drug therapy, electroconvulsive therapy, biofeedback, relaxation techniques)
   7. Crisis intervention

E. Professional accountability and liability related to ethical, legal, and research issues

   1. Confidentiality
   2. Standards of practice
   3. Right to receive and/or refuse treatment
   4. Voluntary/involuntary commitment
   5. Patient's Bill of Rights
   6. Documentation
   7. Right to die

II. Nursing Assessment and Nursing Analysis (25%)

Nursing Assessment–the process of gathering and synthesizing data about the client's health status in relation to the client's functional health patterns.

Nursing Analysis–the identification of the nursing diagnosis (client problem) and the determination of the expected outcomes (goals) of client care

A. Of the functional client system

   1. The individual as client system

      For example, assessing: coping strategies, cultural/ethnic/spiritual factors, support systems, defense mechanisms, physiological health, developmental level, normal grieving

   2. The family as client system

      For example, assessing: developmental life cycle, communication patterns, roles, power structure, multigenerational patterns, cultural/ethnic/spiritual patterns, support systems

3. The small group as client system

   For example, assessing: task and maintenance functions, roles, norms, communication patterns, stages of group development, cohesion, task accomplishment

4. The community as client system

   For example, assessing: demographics, cultural/ethnic/spiritual patterns, services, environmental factors, political/power structures, economic factors

B. **Of the dysfunctional client system**

1. The individual as client system

   a. For example, assessing: impaired coping strategies, impaired support systems, impaired defense mechanisms, negative impact of cultural/ethnic/spiritual factors, impaired physiological health (acute and chronic illness), impaired developmental level, impaired grieving

   b. For example, assessing: alterations of mood (mood disorders), potential for violence to self and others (suicide, battering, rape), alterations in thought processes (schizophrenic disorders), dysfunctional behavior in response to stress and anxiety (anxiety disorders, somatoform disorders, dissociative disorders, immunological disorders, personality disorders), potential for substance abuse (substance abuse disorders), altered patterns of sexuality (sexual dysfunction and sexual disorders), altered patterns of nutrition (eating disorders), cognitive impairment (organic mental disorders and mental retardation)

2. The family as client system

   For example, assessing: alteration in communication (as in double bind), alteration in parenting (as in child abuse or elder abuse), alteration in role function (as in parentified child), inappropriate developmental life cycle stage (as in

teenage pregnancy), dysfunctional power structure (as in codependency), inadequate support systems, negative impact of cultural/ethnic/spiritual patterns, dysfunctional multigenerational patterns (as in substance abuse and suicide)

3. The small group as client system

   For example, assessing: inability to move beyond the expected conflict stage, developmental arrest at any stage of group process, dysfunctional roles, dysfunctional norms, dysfunctional communication patterns, lack of cohesion, inability to accomplish tasks

4. The community as client system

   For example, assessing: underserved populations (as in individuals who are homeless and mentally ill), environmental hazards, overcrowding, underutilization of services, negative impact of cultural/ethnic/spiritual patterns

III. Nursing Planning and Nursing Implementation (30%)

Nursing Planning– the formulation of specific strategies to achieve the expected outcomes.

Nursing Implementation–the carrying out of nursing plans designed to move the client toward the expected outcomes

A. **For the functional client system**

1. The individual as client system

   For example, promoting and supporting: coping strategies, cultural/ethnic/spiritual factors, support systems, defense mechanisms, physiological health (including dignified death), developmental level, normal grieving

2. The family as client system

   For example, promoting and supporting: appropriate stage of life cycle development, healthy communication patterns, healthy role patterns,

appropriate power structures, positive cultural/ethnic/spiritual patterns, appropriate support systems, healthy multigenerational patterns

3. The small group as client system

    For example, promoting and supporting: appropriate task and maintenance functions, functional norms, role appropriate behavior, healthy communication patterns, appropriate stages of group development, cohesion, task accomplishment

4. The community as client system

    For example, promoting and supporting: positive cultural/ethnic/spiritual patterns, adequate services, healthy environmental factors, responsive political/power structures, adequate economic factors

B. **For the dysfunctional client system**
    (see IIB for specific dysfunctions)

    1. The individual as client system
        a. For example, planning and treating: impairments related to coping strategies, cultural/ethnic/spiritual factors, support systems, defense mechanisms, physiological health (acute and chronic illness), developmental level
        b. For example, planning and treating: impairments related to alterations in mood, thought processes, sexuality, cognition, nutrition, violent behavior, stress and anxiety, substance abuse, grieving

    2. The family as client system
        a. For example, planning and treating: alterations in communication, parenting, role function
        b. For example, planning and treating: in appropriate developmental life cycle stage, dysfunctional power structure, inadequate support systems, negative impact of cultural/ethnic/spiritual patterns, dysfunctional multigenerational patterns

3. The small group as client system
    a. For example, planning and treating: small group inability to move beyond the expected conflict stage, developmental arrest at any stage of group process
    b. For example, facilitating: functional roles, functional norms, appropriate communication patterns, appropriate stages of group development, cohesion, task accomplishment

4. The community as client system
    a. For example, planning and treating: the negative impact of cultural/ethnic/spiritual patterns, underserved populations, environmental hazards, overcrowding
    b. For example, promoting: adequate utilization of services, responsive political/power structures, advocacy and lobbying

IV. Nursing Evaluation (20%) – the appraisal of the effectiveness of the nursing interventions relative to the nursing diagnosis and the expected outcomes

A. **Of the functional client system**

    1. The individual as client system

        For example, evaluating the maintenance of: coping strategies, positive cultural/ethnic/spiritual factors, support systems, defense mechanisms, physiological health, developmental level, normal grieving behaviors

    2. The family as client system

        For example, evaluating the maintenance of: appropriate stage of life cycle development, healthy communication patterns, healthy role patterns, appropriate power structures, positive cultural/ethnic/spiritual patterns, appropriate support systems, healthy multigenerational patterns

3. The small group as client system

   For example, evaluating the maintenance of: appropriate task and maintenance functions, functional norms, role appropriate behavior, healthy communication patterns, appropriate stages of group development, cohesion, task accomplishment

4. The community as client system

   For example, evaluating the maintenance of: positive cultural/ethnic/spiritual patterns, adequate services, positive environmental factors, responsive political/power structures, adequate economic factors

B. **Of the dysfunctional client system**
   (see IIB for specific dysfunctions)

   1. The individual as client system

      a. For example, evaluating improvement and/or residual dysfunction related to: coping strategies, negative impact of cultural/ethnic/spiritual factors, support systems, defense mechanisms, physiological health (acute and chronic illness), developmental level, bereavement

      b. For example, evaluating improvement and/or residual dysfunction related to: alterations in mood, thought process, sexuality, cognition, nutrition, violent behavior, stress and anxiety, substance abuse, grieving

   2. The family as client system

      For example, evaluating improvement and/or residual dysfunction related to: alterations in communication, alterations in parenting, alterations in role function; inappropriate developmental life cycle stage, dysfunctional power structure, inadequate support systems, negative impact of cultural/ethnic/spiritual patterns, dysfunctional multigenerational patterns

3. The small group as client system

   For example, evaluating improvement and/or residual dysfunction related to: small group inability to move beyond the expected conflict stage, developmental arrest at any stage of group process, roles, norms, communication patterns, stages of group development, cohesion, task accomplishment

4. The community as client system

   For example, evaluating improvement and/or residual dysfunction related to: cultural/ethnic/spiritual patterns, underserved populations, environmental hazards, inadequate utilization of services, unresponsive political/power structures, advocacy and lobbying

Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answers can be found on the inside back cover of this guide.

1. Which statement by a client who is having a crisis should take priority for nursing intervention?
   1) "I finally moved my family into a house of my very own and I am wondering if I can afford the payments."
   2) "I have a best friend who listens to my problems but she is on vacation."
   3) "My fiancé of six years just called off our engagement."
   4) "My 10-year-old daughter is spending her first summer away from me at camp."

2. What is the primary task of the orientation stage of the nurse-client relationship?
   1) to solve problems
   2) to establish therapeutic goals
   3) to explore past difficulties
   4) to evaluate progress

3. A young man calls a crisis center hotline stating that he can no longer cope with his problem and that he is falling apart. Which would be the nurse's most therapeutic initial response?
   1) "What do you think would help you?"
   2) "Everyone has their bad days."
   3) "Tell me about your situation."
   4) "How do you usually handle stress?"

4. What should the nurse do when a client becomes silent during a nurse-client interaction?
   1) Suggest that the client share her thoughts.
   2) Direct the conversation to a less intimidating topic.
   3) Terminate the interaction with the client.
   4) Ask the client a nonthreatening question.

5. Which response by the nurse leader can enhance norm setting for a group and promote a feeling of safety and support?
   1) "We've heard you discuss this before, Mr. Jones."
   2) "Questions should be addressed to me."
   3) "What do you see as your worst problem at home?"
   4) "It is important to give everyone a chance to participate."

6. What is the basic premise of family therapy as a treatment modality?
   1) The family needs help in dealing with the behavior of the member who is the client.
   2) The family needs help in understanding the developmental needs of the member who is the client.
   3) The member with the presenting symptoms needs special support from the therapist.
   4) The member with the presenting symptoms signals the presence of pain in the whole family.

7. In which of the following situations does the nurse have just cause to physically restrain a client?
   1) An older adult client with newly diagnosed Alzheimer's disease is wandering the halls in the early evenings.
   2) A client newly admitted with mania refuses medication and throws a plate and a chair.
   3) An adolescent client who is agitated begins to argue loudly with another client about the use of the television.
   4) A client with depression who was recently removed from suicide precautions says, "I still feel like hurting myself."

8. Which statement is characteristic of a client who is experiencing a resolution of grief?
   1) "His death reminds me of my brother's death last year."
   2) "I won't forget him, but I have the children to think of now."
   3) "He was so wonderful. Everyone loved him."
   4) "I'm going to keep his ashes in an urn so I can't forget him."

9. The use of which assessment technique would be the best way for the community mental health nurse to identify a community's strengths?
   1) spending a day in the community health center observing the clients who come there
   2) talking with long-time residents about what they like about the community and why they stay
   3) collecting demographic data from census tract information
   4) reviewing newspaper editorials to identify concerns and trends

10. The nurse is assessing a client with possible depression. Which finding in the client's history would indicate a predisposition to depressive disorders?
    The client's
    1) adoptive mother had a diagnosis of bipolar disorder.
    2) biological mother had a diagnosis of bipolar disorder.
    3) adoptive father was treated for reactive depression.
    4) biological father was treated for reactive depression.

11. A client with alcoholism states that he drinks only when he is frustrated by the behavior of his three adolescent children. Which defense mechanism is the client using?
    1) denial
    2) projection
    3) rationalization
    4) sublimation

12. During a group meeting, the nurse observes that one of the members tends to view problems in terms of right and wrong. Which dysfunctional group role is being assumed by this client?
    1) complainer
    2) monopolizer
    3) moralist
    4) victim

13. After a destructive tornado occurs in a community, which event should indicate to the nurse that community-wide crisis intervention is needed?
    1) The number of homes put up for sale increases.
    2) Many parents report that their children have nightmares and sleep disturbances.
    3) The local weather bureau receives increased requests for information on tornado precautions.
    4) The school board changes the policy on fire drills to include tornado drills.

14. Which nursing intervention should be given priority to meet the recreational needs of an adolescent client who attends the community mental health center adolescent program?
    1) Schedule frequent one-to-one discussion sessions between the nurse and the client.
    2) Provide the client with equipment for an activity of the client's choice.
    3) Arrange activities that will promote peer group interaction.
    4) Ask the activities therapist to meet daily with the client.

15. Which strategy should have priority in the nursing care plan for a single parent to meet the parent's emotional needs?
    1) Introduce the client to community socialization programs.
    2) Assess the client's support system.
    3) Encourage the client's involvement in recreational activities.
    4) Provide pamphlets about single parenting.

16. Why should the nurse allow a newly admitted client with obsessive-compulsive behavior to complete rituals?

    Because the client

    1) has not yet learned alternative coping mechanisms

    2) will become psychotic if prevented from completing the rituals

    3) will not develop trust in the nurse who prevents rituals from being completed

    4) needs to know that the staff is accepting of this behavior

17. Which strategy should the nurse include in the plan of care for a client with Alzheimer's disease who is experiencing apraxia?

    1) Give simple, sequential directions using both verbal and nonverbal communication.

    2) Use color-coded signs so the client can find the bathroom.

    3) Use clocks and calendars and other orienting devices.

    4) Administer prn antianxiety medication when the client becomes confused.

18. A married woman with three school-age children is caring for her 80-year-old father in her home. She reports feeling overwhelmed with her responsibilities and says, "I feel like everyone wants something from me." The nurse should give priority to which intervention in the plan of care for this family?

    1) Assist family members to clarify their expectations of each other.

    2) Encourage the woman to find a nursing home for her father.

    3) Suggest that the husband and children perform more household chores.

    4) Arrange for a live-in aide to care for the client's father.

19. A client who describes himself as a recreational cocaine user denies the seriousness of his cocaine use when confronted by his family. Which would be the most healthy family response?

    1) Continue the discussion when everyone is calmer.

    2) Give the client one more chance to quit by himself.

    3) Acknowledge their inability to change his behavior.

    4) State that they will contact the authorities if they find any cocaine.

20. During the second meeting of an outpatient group, a client tries to change the rules of the group. Which is the nurse's most therapeutic intervention?

    1) Treat the client's disruptive behavior matter-of-factly.

    2) Ignore the client's manipulative behavior.

    3) Have the client restate personal expectations in relation to group goals.

    4) Arrange an individual session with the client.

21. Which client statement best indicates that nursing interventions directed toward motivating the client to change behavior have been effective?

    1) "I can't stand this pain any longer."

    2) "I wish I felt better."

    3) "I just can't seem to pull it together."

    4) "I want someone to help me."

22. The nurse is evaluating nursing care for a client with depression. Which finding is the most significant indicator of therapeutic progress?

    The client's

    1) speech has slowed and become more logical.

    2) need for sleep has decreased.

    3) self-concept has become more positive.

    4) appetite has increased.

23. A client is admitted to a psychiatric unit after taking an overdose of barbiturates. On the day after admission, which client behavior is most significant in evaluating whether the client's risk for committing suicide has increased?

The client

1) no longer talks about suicide.

2) verbalizes angry feelings.

3) socializes with a group of other clients.

4) becomes more cheerful and outgoing.

24. The nurse is evaluating a client who is in the manic phase of bipolar disorder and who is on a regimen of lithium carbonate. Which indicates an adverse reaction to the medication?

1) orthostatic hypotension

2) vomiting and diarrhea

3) involuntary movements of mouth and jaw

4) rigidity of posture

25. Which comment by a group member should the nurse evaluate as being appropriate behavior during the orientation stage of group development?

1) "Let me tell you about my problem with my mother-in-law."

2) "It would be easy to say my problems are due to my ex-husband."

3) "I thought the group leader was supposed to help us out."

4) "This group is OK, but I still have a lot of problems."

Learning Resources for this Exam

The textbook listed below is recommended by Excelsior College as the most appropriate resource to help you study for the examination. This textbook provides very good coverage of the topics on the content outline. For information on ordering from the Excelsior College Bookstore, see p. 2. You may also find resource materials in the libraries of colleges, schools of nursing, medical schools, and hospitals. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

Recommended Resources

Stuart, G., & Sundeen, S. (1998). *Principles and practice of psychiatric nursing* (6th ed.). St. Louis: Mosby.

> This text covers theoretical/therapeutic foundations, the psychiatric client (dysfunctional client), and mental health issues (functional client). It provides good coverage of family, group, and community. DSM-IV is integrated throughout the clinical chapters. Study aids include learning objectives and a topical outline at the beginning of chapters, key terms highlighted, and key points summarized at the end of chapters.

Additional Resources

As you use the recommended textbook to study for this examination, you may find that you need additional clarification in specific content areas. The examination development committee recommends that you choose from the following additional textbooks to supplement your understanding or provide clarification of the material in the recommended textbook. You may be able to locate these resources through a library.

Haber, J., Krainovich-Miller, B., McMahon, A.L., & Price-Hoskins, P. (1997). *Comprehensive psychiatric nursing* (5th ed.). St. Louis: Mosby.

> This text covers theoretical/therapeutic foundations, the psychiatric client, and has a limited mental health focus. It provides adequate coverage of family and group and has a limited community focus. DSM-III is integrated throughout the clinical chapters. Study aids include objectives and key terms at the beginning of chapters, key terms italicized, and key points highlighted at the end of chapters.

Rawlins, R. et al. (1993). *Mental health-psychiatric nursing: A holistic life-cycle approach* (3rd ed.). St. Louis: Mosby.

> This text covers theoretical/therapeutic foundations, the psychiatric client, and mental health issues. It provides adequate coverage of family and group and has a limited community focus. DSM-III is integrated throughout the clinical chapters, which are organized in terms of behavioral concepts, rather than diagnostic categories. (This may be confusing to some students.) Study aids include objectives, key words, and concepts at the beginning of chapters.

Stanhope, M., & Lancaster, J. (1996). *Community health nursing: Promoting health of aggregates, families, and individuals* (4th ed.). St. Louis: Mosby.

This text primarily focuses on community and providing care to aggregates, families, and individuals through community nursing practice. Pertinent chapters for this examination include mental health issues, violence, HIV, homeless, developmental stages, group, family, and substance abuse. Study aids include objectives, chapter outline, and key terms at the beginning of chapters, key terms italicized, and key concepts summarized at the end of chapters.

Varcarolis, E. (1998). *Foundations of psychiatric-mental health nursing.* (3rd ed.). Philadelphia: W.B. Saunders.

This text covers theoretical/therapeutic foundations, the psychiatric client, and has a limited mental health focus. It provides adequate coverage of group, but has no family and community chapters. DSM-IV is integrated throughout the clinical chapters, which are organized according to the degree of anxiety. Study aids include objectives, key terms, and outline at the beginning of chapters, and self-study exercises at the end of chapters.

Wilson, H., & Kneisl, C. (1996). *Psychiatric nursing* (5th ed.). Menlo Park, CA: Addison-Wesley.

This text covers theoretical/therapeutic foundations and the psychiatric client. It does not cover mental health issues. It provides good coverage of family and group and has a limited community focus. DSM-IV is integrated throughout the clinical chapters. Study aids include competencies at the beginning of chapters, key words italicized, and chapter summaries at the end of chapters.

Notes

Notes

Excelsior College Examination Development Committee in Psychiatric/Mental Health Nursing

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Key To Sample Questions

Question	Key	Content Area[1]	Question	Key	Content Area[1]
1	3	IB6	14	3	IIIA1
2	2	IC2	15	2	IIIA2
3	3	IC3	16	1	IIIB1
4	1	IC3	17	1	IIIB1
5	4	ID2	18	1	IIIB2
6	4	ID4	19	3	IIIB2
7	2	IE2	20	3	IIIB3
8	2	IIA1	21	4	IVA1
9	2	IIA4	22	3	IVB1
10	2	IIB1	23	4	IVB1
11	3	IIB1	24	2	IVB1
12	3	IIB3	25	3	IVB3
13	2	IIB4			

[1]Content Area refers to the location of the question topic in the content outline.

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Examination	Credit Hrs.

Arts and Sciences

Abnormal Psychology† 3*
American Dream† 6*
Anatomy & Physiology† 6
English Composition† 6
Ethics: Theory & Practice† 3*
Foundations of Gerontology 3*
History of Nazi Germany† 3*
Life Span Developmental Psychology† 3
Microbiology† 3
Organizational Behavior 3*
Pathophysiology 3*
Psychology of Adulthood & Aging 3*
Religions of the World† 3*
Research Methods in Psychology† 3*
Statistics† 3
World Population† 3*

Business

Business Policy & Strategy . . . . 3△
Ethics: Theory & Practice 3*
Human Resource Management 3*
Labor Relations 3*
Organizational Behavior 3*
Production/Operations Management . . . . 3△

Education

Reading Instruction in the
   Elementary School 6*

Examination	Credit Hrs.

Nursing: Associate Level

Differences in Nursing Care: Area A (modified)① . 4
Differences in Nursing Care: Area B① 5
Differences in Nursing Care: Area C② 5
Fundamentals of Nursing** 8
Maternal & Child Nursing (associate)** 6
Maternity Nursing** 3
Nursing Concepts 1 4
Nursing Concepts 2 4
Nursing Concepts 3 4
Occupational Strategies in Nursing② 3

Nursing: Baccalaureate Level

Adult Nursing** 8*
Health Restoration: Area I 4*
Health Restoration: Area II 4*
Health Support A: Health
   Promotion & Health Protection 4*
Health Support B:
   Community Health Nursing 4*
Maternal & Child Nursing (baccalaureate)** . . . 8*
Professional Strategies in Nursing 4*
Psychiatric/Mental Health Nursing** 8*
Research in Nursing† 3*

* Indicates upper-level college credit.   **These examinations do not apply toward the Excelsior College Nursing Degrees.
†Guided Learning Packages are available for these exams.   △Indicates lower-level college credit for Business Program, upper-level for Liberal Arts Program.   ①Administered through Sept. 30, 2001.   ②Administered through Sept. 30, 2002.

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